

Exhibit 23



EDUCATIONAL COMMISSION for FOREIGN MEDICAL GRADUATES

PHILADELPHIA OFFICE

3624 MARKET STREET, PHILADELPHIA, PENNSYLVANIA 19104-2685, U.S.A.
TELEPHONE: 215-386-5900 • FAX: 215-386-9767 • INTERNET: www.ecfm.org

Personal and Confidential
Via Federal Express

November 16, 2000



Dr. Femi Charles Igberase
16327 Chadsford Ave.
Baton Rouge, LA 70817

Re: USMLE™/ECFMG® Identification No. 0-482-700-2

Dear Dr. Igberase,

The Educational Commission for Foreign Medical Graduates (ECFMG) received on October 23, 2000 your application for the United States Medical Licensing Examination (USMLE™) Step 1 and Step 2.

In Item 1 of the application, you answered "no" to the question, "have you ever submitted an application to ECFMG for **any** examination, even if you did not take the examination?" In Item 2 of the application, you certified your name is "Femi Charles Igberase." Additionally, in Item 4 of the application, requesting your U.S. Social Security and/or National Identification Number, you wrote "N/A."

Based on our review of ECFMG records, you previously submitted applications to ECFMG. ECFMG records further reflect that on November 27, 1995, the ECFMG Committee on Medical Education Credentials revoked your Standard ECFMG Certificate. You appealed that action to the ECFMG Review Committee on Appeals. The ECFMG Review Committee considered your appeal on July 10, 1996 and affirmed the action of the ECFMG Committee on Medical Education Credentials, but limited the length of the revocation of your Standard ECFMG Certificate to five years from July 10, 1996, i.e., until July 10, 2001.

Additionally, according to your prior applications to ECFMG, you indicated you do have a U.S. Social Security Number, 137-92-5054.

On your ECFMG application, you certified that "falsification of this application ...may be sufficient cause for ECFMG to bar me from the examination, to terminate my participation in the examination, to withhold and/or invalidate the results of my examination, to withhold a certificate, to revoke a certificate, or to take other appropriate action. A copy of the certification statement you signed is enclosed.

Please be advised that ECFMG requires an explanation in writing from you concerning this matter within fifteen (15) days of your receipt of this letter. The ECFMG Committee on Medical Education Credentials will review the information that we have in

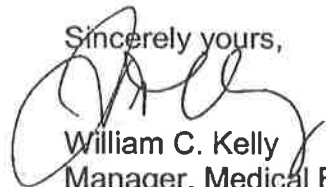
ECFMG® is an organization committed to promoting excellence in international medical education.

Dr. Charles Olufemi Igberase
November 16, 2000
Page 2

your file, together with your explanation, at its next scheduled meeting. You will be notified of the outcome of the review by the Committee and your status.

Please send all communications to ECFMG in this matter to my attention. If you have any questions, please telephone me at (215) 823-2277.

Sincerely yours,



William C. Kelly
Manager, Medical Education
Credentials Dept.

/wck
Enclosures